

FEDERAL SECURITY AGENCY  
National Office of Vital StatisticsMISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **30206**

FILED OCT 14 1948

Registration District No. **164**Primary Registration District No. **5601**Registrar's No. **106**

## 1. PLACE OF DEATH:

(a) County **Johnson**  
(b) City or town **Warrensburg Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Johnson Co. Home**  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution **7 Yrs**  
(Specify whether  
In this community **40 Yrs**  
years, months or days)

3. (a) PRINT FULL NAME **Mary Ethel Clouse**

3. (b) If veteran, **no** 3. (c) Social Security No. **no**  
name war.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Elijah Clouse** 6. (c) Age of husband or wife if alive **Deceased**  
7. Birth date of deceased **Mar. 12 1895**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**56 6 17** hr. min.

9. Birthplace **Ray Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

12. Name **Charles Shipley**  
13. Birthplace **Quincey Ill**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Susan Hashaberger**  
15. Birthplace **NorKnown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pearl McCluney**  
(b) Address **West Gay St. Warrensburg**

17. (a) **Burial** (b) Date thereof **9-30-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Liberty Cem.**

18. (a) Signature of funeral director **Sweeney Phillips**  
(b) Address **Warrensburg Mo.**

19. (a) **Oct. 2, 1948** (b) **Savannah City**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Johnson Co. Home**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **29**  
year **1948** hour **7** minute **30 A.**

21. I hereby certify that I attended the deceased from **Jan 1 1948** to **Sept 29 1948**  
that I last saw him alive on **Sept 16** and that death occurred on the date and hour stated above.

Immediate cause of death

**Chronic Nephritis with Emphysema**

Due to

**Paralysis right side**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **12/15**

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury  
Signature **Wm R Patterson** (M. D. or other)  
Address **Warrensburg Mo** Date signed **9-30-48**

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4566

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.